



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Accolate	Blephamide	Infergen	Phisohex
Aceon*	Blephamide S.O.P.	Lanoxicaps	Poly-Pred
Aciphex	Bleph-10	Lantus	Pramox
Actos	Capex Shampoo	Lescol	Prandin
Adderall XR*	Cenestin	Lescol XL	Premarin (tabs only)
Advair Diskus	Cleocin (oral only)*	Levemir	ProAir HFA
Advair HFA	Combivent	Lexapro	Protopic
Aerobid	Concerta	Luvox CR	Proventil HFA
Aerobid-M	Cozaar	Maxair Autohaler	Qvar
Amerge	Daraprim	Maxalt	Relenza [†]
Amoxil*	Derma-Smoothe/FS	Maxalt MLT	Relpax
Aricept	Dexedrine*	Menest	Ritalin*
Asmanex Twisthaler	Diastat	Micardis	Serevent Diskus
Astelin	Diovan	Micardis HCT	Singulair
Astepro	Diovan HCT	Mycostatin*	Spiriva
Atrovent HFA	Dynacirc CR	Nasacort AQ	Symbicort
Avalide	Elidel	Nasonex	Tamiflu [†]
Avandamet	Eurax	Neosporin*	Tobrex*
Avandaryl	Exforge	Niacor	Treximet
Avandia	Flovent Diskus	Niaspan	Tyzine
Avapro	Flovent HFA	Nitro-Bid	Ventolin HFA
AzaSite	Focalin*	Norpace*	Veramyst
Azmacort	Focalin XR	Norpace CR*	Vigamox
Azor	Foradil	Optivar	Vyvanse
Bactroban Nasal	Glyset	Pataday	Xopenex HFA
Beconase AQ	Gris-Peg	Patanase	Zovirax (ointment only)
Benicar	Humalog	Patanol	
Benicar HCT	Hyzaar	Pegasys	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 1/4/2010